

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/03)

1. CIR./DIST./DIV. CODE	2. PERSON REPRESENTED LESTER LIVINGSTON			VOUCHER NUMBER
3. MAG DKT./DEF. NUMBER 13-2508	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) USA V. LIVINGSTON	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) CC	

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.

21:841A=CD.M CONTROLLED SUBSTANCE - SELL, DISTRIBUTE, OR DISPENSE12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix),
AND MAILING ADDRESS

MICHAEL A. ARMSTRONG
79 MAINBRIDGE LANE
WILLINGBORO, NJ 08046

Telephone Number: **(609) 877-5511**

13. COURT ORDER

- O Appointing Counsel C Co-Counsel
 F Subs For Federal Defender R Subs For Retained Attorney
 P Subs For Panel Attorney Y Standby Counsel

Prior Attorney's Name:

Appointment Dates:

Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR
 Other (See Instructions)

BSA/SAC

Signature of Presiding Judge or By Order of the Court

5/8/13

Date of Order Nunc Pro Tunc Date
 Repayment or partial repayment ordered from the person represented for this service at time appointment. YES NO

CLAIM FOR SERVICES AND EXPENSES**FOR COURT USE ONLY**

	CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	a. Arraignment and/or Plea		0.00		0.00	
	b. Bail and Detention Hearings		0.00		0.00	
	c. Motion Hearings		0.00		0.00	
	d. Trial		0.00		0.00	
	e. Sentencing Hearings		0.00		0.00	
	f. Revocation Hearings		0.00		0.00	
	g. Appeals Court		0.00		0.00	
	h. Other (Specify on additional sheets)		0.00		0.00	
(RATE PER HOUR = \$)		TOTALS:	0.00	0.00	0.00	0.00
Out of Court	a. Interviews and Conferences		0.00		0.00	
	b. Obtaining and reviewing records		0.00		0.00	
	c. Legal research and brief writing		0.00		0.00	
	d. Travel time		0.00		0.00	
	e. Investigative and other work (Specify on additional sheets)		0.00		0.00	
	(RATE PER HOUR = \$)	TOTALS:	0.00	0.00	0.00	0.00
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)					
18.	Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):			0.00		0.00	

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE

FROM: _____ TO: _____

20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS Final Payment Interim Payment Number_____
□ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this YES NO If yes, were you paid? YES NO
 Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney

Date _____

APPROVED FOR PAYMENT — COURT USE ONLY

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT. \$0.00
28. SIGNATURE OF THE PRESIDING JUDGE			DATE	28a. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED \$0.00
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE